

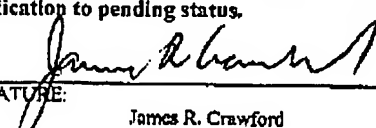
DT03 Rec'd PCT/PTO 0.1 DEC 2004

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|--|--|---|--|---|--|
| FORM PTO 1390<br>(REV 11-2000)   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>DNAG-288 (10410468)               |  |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |  |   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>10/506,462 |  |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP03/02239  |  | INTERNATIONAL FILING DATE<br>March 5, 2003              |  | PRIORITY DATE CLAIMED<br>March 6, 2002                        |  |
| METHOD FOR THE PRODUCTION OF COATED, FINE-PARTICLE, INORGANIC<br>SOLIDS AND USE THEREOF  |  |   |  |   |  |
| APPLICANT(S) FOR DO/EO/US Amirzadeh-Asi, et al.  |  |   |  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information X   |  |   |  |   |  |
| 1. <input type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.  |  |   |  |   |  |
| 2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing 35 U.S.C. 371  |  |   |  |   |  |
| 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below. |  |   |  |   |  |
| 4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (PCT Article 31).  |  |   |  |   |  |
| 5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))  |  |   |  |   |  |
| a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).  |  |   |  |   |  |
| b. <input type="checkbox"/> has been communicated by the International Bureau.   |  |   |  |   |  |
| c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).   |  |   |  |   |  |
| 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).  |  |   |  |   |  |
| a. <input type="checkbox"/> is attached hereto.  |  |   |  |   |  |
| b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).   |  |   |  |   |  |
| 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))  |  |   |  |   |  |
| a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).   |  |   |  |   |  |
| b. <input type="checkbox"/> have been communicated by the International Bureau.  |  |   |  |   |  |
| c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.  |  |   |  |   |  |
| d. <input type="checkbox"/> have not been made and will not be made.   |  |   |  |   |  |
| 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).   |  |   |  |   |  |
| 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).   |  |   |  |   |  |
| 10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).                   |  |   |  |   |  |
| Items 11 to 20 below concern document(s) or information included:  |  |   |  |   |  |
| 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.   |  |   |  |   |  |
| 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |  |   |  |   |  |
| 13. <input type="checkbox"/> A <b>FIRST</b> preliminary amendment.   |  |   |  |   |  |
| 14. <input checked="" type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.  |  |   |  |   |  |
| 15. <input type="checkbox"/> A substitute specification.   |  |   |  |   |  |
| 16. <input type="checkbox"/> A change of power of attorney and/or address letter.  |  |   |  |   |  |
| 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.   |  |   |  |   |  |
| 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).   |  |   |  |   |  |
| 20. <input type="checkbox"/> Other items or information  |  |   |  |   |  |

Form PTO-1390 (REV 12-29-99)

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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/506,462</b>  | INTERNATIONAL APPLICATION NO.<br><b>PCT/EP03/02239</b> | ATTORNEY'S DOCKET NUMBER<br><b>DNAG-288 (10410468)</b>   |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
|---|--|--|--------------|--------------|------|--|--------------|------|--|--|----|--------------------|-------|---|---|----|---|--|--|---|----|--------------------------------------|--|--|--|----|--|--|--|--|----|-------------------|--|--|--|----|---|--|--|--|----|-----------------------------|--|--|--|----|---|--|--|--|----|------------------------------|--|--|--|----|--|-------------------------------|----|-----------------|----|
| 17. <input type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b><br><input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO And International Search Report not prepared by the EPO or JPO ..... \$1040.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report will be prepared by the EPO or JPO ..... \$900.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$740.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$710.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO .....<br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b><br>Surcharge of \$ _____ for furnishing the oath or declaration later than<br><input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).   |  | <b>CALCULATIONS PTO USE ONLY</b><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>   |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">CLAIMS</th> <th style="width:20%;">NUMBER FILED</th> <th style="width:20%;">NUMBER EXTRA</th> <th style="width:20%;">RATE</th> <th style="width:20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>20 =</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>1-3 =</td> <td>0</td> <td>X</td> <td>\$</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>X</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td>\$</td> </tr> <tr> <td colspan="4">           Processing fee of \$ _____ For furnishing the English translation later than<br/> <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). +         </td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td>\$</td> </tr> <tr> <td colspan="4">           Fee for recording the enclosed assignment (37 CFR 1.21 (b)). Assignment Must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31) ( Per property). +         </td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$</td> </tr> </tbody> </table> |  | CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE |  | Total claims | 20 = |  |  | \$ | Independent claims | 1-3 = | 0 | X | \$ | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  | X | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | \$ | <b>SUBTOTAL =</b> |  |  |  | \$ | Processing fee of \$ _____ For furnishing the English translation later than<br><input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). + |  |  |  | \$ | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ | Fee for recording the enclosed assignment (37 CFR 1.21 (b)). Assignment Must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31) ( Per property). + |  |  |  | \$ | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: right;"><b>Amount to be Refunded:</b></td> <td style="width:50%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;"><b>Charged:</b></td> <td style="text-align: right;">\$</td> </tr> </table> | <b>Amount to be Refunded:</b> | \$ | <b>Charged:</b> | \$ |
| CLAIMS  | NUMBER FILED   | NUMBER EXTRA   | RATE         |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| Total claims  | 20 =   |  |              | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| Independent claims  | 1-3 =  | 0  | X            | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)   |  |  | X            | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |  |  |              | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |  |  |              | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <b>SUBTOTAL =</b>   |  |  |              | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
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| <b>TOTAL NATIONAL FEE =</b>   |  |  |              | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
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| <b>TOTAL FEES ENCLOSED =</b>  |  |  |              | \$           |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <b>Amount to be Refunded:</b>   | \$   |  |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <b>Charged:</b>   | \$   |  |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <input type="checkbox"/> A check in the amount of \$ _____ \$<br>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>50-0624</u> in the amount of \$ _____ To cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required or credit Any overpayment to my Deposit Account No. <u>50-0624</u> . A duplicate copy of this sheet is enclosed.  |  |  |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b>   |  |  |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |
| SEND ALL CORRESPONDENCE TO: Customer No. 24972<br>James R. Crawford<br>FULBRIGHT & JAWORSKI L.L.P.<br>666 Fifth Avenue<br>New York, New York 10103<br>(212) 318-3148  |  | SIGNATURE: <br>NAME: James R. Crawford<br><div style="text-align: right;">39,155</div> |              |              |      |  |              |      |  |  |    |                    |       |   |   |    |   |  |  |   |    |                                      |  |  |  |    |  |  |  |  |    |                   |  |  |  |    |   |  |  |  |    |                             |  |  |  |    |   |  |  |  |    |                              |  |  |  |    |  |                               |    |                 |    |

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*Eileen Sheffield*

By Eileen Sheffield

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